09/18/2008 10:19

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An Au	thorized Com	mittee	C	Office Use Only
NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT 🗑	Example:If to			
AMERICAN SOCIET	Y OF INTERVE	ENTIONAL PAIN PH	/SICIAN PAC			
ADDRESS (number and str	reet) 283	1 Lone Oak Road				
Check if differenthan previously reported. (ACC)	-	ucah			KY L	42003
2. FEC IDENTIFICATIO	ON NUMBER	▼ _ C	ITY 🛕		STATE	ZIPCODE 🛕
C00351197		3.	IS THIS REPORT	NEW (N) OR	AMEI (A)	NDED
4. TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31 Quarterly R July 31 Mid Report(Non Year Only) Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) -Year i-election (MY)	(c) 12-Day PRE-Election Report for the: Elec (d) 30-Day Post -Election Report for the:	eb 20 (M2) ar 20 (M3) or 20 (M4) Primary Conven tion on General	tion (12C)	Aug 20 X Sep 20 Oct 20 General (12) Special (12) Runoff (30R	Year Only) Dec 20 (M12 (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R) G) in the State of
5. Covering Period	0 8	01 2008	throu			2008
I certify that I have examin Type or Print Name of Tre		nd to the best of my k kmaiah Manchikanti	nowledge and belie	f it is true, correct	and complete.	
Signature of Treasurer	Electronically F	iled by Laxmaiah M	anchikanti		Date 09	18 2008
NOTE : Submission of fals	se, erroneous, o	r incomplete informat	on may subject the	person signing th	is Report to the pe	enalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2008	To: 0 8 3 1 2 0 0 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž00Š Y Y		280698.19
	(b) Cash on Hand at Begining of Reporting Period	261617.72	
	(c) Total Receipts (from Line 19)	9656.93	126927.20
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	271274.65	407625.39
	Total Disbursements (from Line 31)	16752.56	153103.30
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	254522.09	254522.09
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

0 1 3^D1 м м 8 0 м м 8 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 112803.33 8943.00 (i) Itemized (use Schedule A) 666.66 5727.99 (ii) Unitemized (iii) TOTAL (add 9609.66 118531.32 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9609.66 118531.32 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 3000.00 Political Committees 17. Other Federal Receipts 47.27 5395.88 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 9656.93 126927.20 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 9656.93 126927.20

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	752.56	16103.30
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	752.56	16103.30
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	16000.00	137000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16752.56	153103.30
<u>.</u>	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	16752.56	153103.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	9609.66	118531.32	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9609.66	118531.32	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	752.56	16103.30	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	752.56	16103.30	

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ball, MD			Date of Receipt
Mailing Address 4099 Hidden Creek	Drive		08 06 2008
City Traverse City	State MI	Zip Code 49684	Transaction ID: SA11AI.8257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001	50.00
Name of Employer Self	Occupation Physician		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ricardo Buenaventura Mailing Address 279 Timberleaf Dr.	I		Date of Receipt
		08 06 2008	
City <u>Beavercree</u> k	State OH	Zip Code 45430	Transaction ID: SA11AI.8258
FEC ID number of contributing federal political committee.	C	40400	Amount of Each Receipt this Period 500.00
Name of Employer Dayton Pain Med	Occupation Physician		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Harold Cordner, MD			Date of Receipt
Mailing Address 12635 North Air			08 27 2008
City	State	Zip Code	Transaction ID: SA11Al.8270
Vero Beach FEC ID number of contributing federal political committee.	FL C	32963	Amount of Each Receipt this Period 304.00
Name of Employer Florida Pain Management	Occupation Physican		Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 608.00	
SUBTOTAL of Receipts This Page (optional	al)		854.00

SCHEDULE A (FEC Form 3X)

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one) X 11a
or for commercial NAME OF C	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) N SOCIETY OF INTERVENT	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (L Ray D'Amour: Mailing Addre City Palmdale FEC ID num	ast, First, Middle Initial)	State CA	Zip Code 93551	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Em Self Receipt For:	ployer	Occupation Physician		Contribution
Jonathan Dair Mailing Addre	ess 812 Cape View Drive	State	Zip Code	Date of Receipt M M
Name of Em APMS Receipt For:	ber of contributing cal committee. ployer	C Occupation Physician Aggregate		Amount of Each Receipt this Period 5000.00 Contribution
Scott Glaser Mailing Addr City Burr Ridge FEC ID num federal politic	Suite 120	State IL C		Date of Receipt M M M
ago Receipt For: Primar		Physician Aggregate	Year-to-Date ▼ 1808.00	
SUBTOTAL of	Receipts This Page (optional)			5674.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any p ng the name and address of any political committe VENTIONAL PAIN PHYSICIAN PAC	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	VENTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Dr. Hans Hansen, MD		Date of Receipt
Mailing Address 1224 Commerce SW	St.	08 27 2008
City Concover	State Zip Code NC 28613	Transaction ID: SA11AI.8275 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20013	500.00
Name of Employer Pain Relief Centeres	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James Hough		Date of Receipt
Mailing Address 1445 Christy Driv	€	08 13 2008
City	State Zip Code	Transaction ID: SA11AI.8261
Jefferson City FEC ID number of contributing federal political committee.	MO 65101	Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Marion Lee, MD		Date of Receipt
Mailing Address 2233 Arabi-Warw	ck Road	08 27 2008
City	State Zip Code	Transaction ID: SA11AI.8276
Cordele FEC ID number of contributing federal political committee.	GA 31015	Amount of Each Receipt this Period 608.33
Name of Employer Attrinity Health Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1824.99	•
SURTOTAL of Possints This Page (antis	nal)	1473.33

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	AMERICAN SOCIETY OF INTERVEN	ITIONAL PAI	N PHYSICIAN PAC	
•	Full Name (Last, First, Middle Initial) Michael Poss, MD			Date of Receipt
	Mailing Address 10172 Ramey Road			08 27 2008
	City	State	Zip Code	Transaction ID: SA11AI.8279
	Marshall FEC ID number of contributing federal political committee.	C	20115	Amount of Each Receipt this Period 166.67
	Name of Employer Virginia Brain and Spine	Occupation		Contribution
	Receipt For: Primary General Other (specify)	Physiciar Aggregate	Year-to-Date ▼ 500.01	
_	Full Name (Last, First, Middle Initial) Francis Riegler			Date of Receipt
	Mailing Address 3827 Castlerock Rd.			08 27 2008
	City	State	Zip Code	Transaction ID: SA11AI.8280
	Malibu FEC ID number of contributing federal political committee.	CA	90265	Amount of Each Receipt this Period 125.00
	Name of Employer Universal Pain Mgmt.	Occupation MD	1	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Praveen Suchdev			Date of Receipt
	Mailing Address 4 Gilboa Lane			08 27 2008
	City	State	Zip Code	Transaction ID: SA11AI.8282
	Nashua FEC ID number of contributing federal political committee.	C	03062	Amount of Each Receipt this Period 100.00
	Name of Employer Pain Solutions	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	, 	Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		391.67

PAGE 10 / 14 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Roy Talley Mailing Address 1622 Mars Hill Road 0 8 20 2008 Suite C City State Zip Code Transaction ID: SA11AI.8266 Watkinsville GA 30677 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Contribution Name of Employer Self Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Les Zuckerman, MD Date of Receipt Mailing Address 11921 Rockville Pike #505 8 0 27 2008 City Transaction ID: SA11AI.8283 State Zip Code Rockville MD 20852 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Contribution Name of Employer The Center for Pain Manag-Occupation Physician ement Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00

SUBTOTAL of Receipts This Page (optional)	•	550.00
TOTAL This Period (last page this line number only)	•	8943.00

Other (specify)

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 14 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVEN			
Full Name (Last, First, Middle Initial) Bantera Bank			Date of Receipt
Mailing Address 3151 Jackson Street			08 31 2008
City	State	Zip Code	Transaction ID: SA17.8297
<u>Paducah</u>	KY	42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		47.27
Name of Employer	Occupation	1	Montly earned interest
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5395.88	

CURTOTAL of Province This Prove (autional)		47.27
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	47.27

Image# 28992158069

State:

A.

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 12/14 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8296 Bantera Bank Date of Disbursement 3 1 0 8 2008 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period Paducah KY 42003 752.56 Purpose of Disbursement payment credit card fees Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	752.56
TOTAL This Period (last page this line number only)		752.56

Transaction ID: SB23.8285 State Disbursement President State: Disbursement Primary General Disbursement President Disbursement President Disbursement Primary General Disbursement President Disbursement Di	13 / 14		FOR LINE NU	arate schedule(s)	3X) Use sepa	B (FEC Form 3	CHEDULE B	S
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC Mailing Address 817 NINTH AVENUE SECOND FLOOR PO BOX 1021 City State Zip Code Mil 49858 Purpose of Disbursement Political Contribution Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State Zip Code State Zip Code Primary General President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State Zip Code State Name GAYLE HARRELL Office Sought: House Primary X General Primary X General President Name GAYLE HARRELL Office Sought: Nouse Primary X General Primary X General President Name GAYLE HARRELL Office Sought: Senate Primary X General Primary X General President Name GAYLE HARRELL Office Sought: Senate Primary X General Primary X General President Name GAYLE HARRELL Office Sought: Senate Primary X General Primary X General President Name GAYLE HARRELL Office Sought: State Zip Code Name GAYLE HARRELL City State Zip Code Name GAYLE Name GAYL	25 29 3	22 🛛 23 🔲 24 🔲 2	21b	category of the (TS for each	SBURSEMEN [®]	FEMIZED DIS	IT
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC Mailing Address 817 NINTH AVENUE SECOND FLOOR PO BOX 1021 City MENOMINEE MI 49858 Purpose of Disbursement Political Contribution Candidate Name Office Sought: House Senate Primary Office Sought: Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State: City State Sity State Sity Code FL 34994 Amount of Each Disbursement to 10 8 1 2 0 1 2 0 1 2 0 1 1 2 0 1 1 1 1 1 1 1								
BART'S BRIDGE PAC Mailing Address 817 NINTH AVENUE SECOND FLOOR PO BOX 1021 City MENOMINEE MI 49858 Purpose of Disbursement Political Contribution Candidate Name Office Sought: House Primary General Primary General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State Zip Code FL 34994 Purpose of Disbursement Poiltical Contribution Candidate Name Office Sought: X House Primary General Primary		CONTINUE TO THE CONTINUE				MITTEE (In Full)	NAME OF COMM	$\sum_{i=1}^{n}$
SECOND FLOOR PO BOX 1021 City	5					,	•	<i>,</i>
City Memory Me	0 0 8 °	08 / 25 / 20					Mailing Address	
Political Contribution Candidate Name Office Sought:		Amount of Each Disbursement th			State	02001101200		
Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State Zip Code FL 34994 Purpose of Disbursement Political Contribution Candidate Name GAYLE HARRELL Office Sought: X House Senate Primary X General Other (specify) ▼ City State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE Office Sought: X House Senate Primary X General Other (specify) ▼ City State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State: Zip Code KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE	00.00	5000				ıtion	Political Contribution	
Senate					Lau			
Full Name (Last, First, Middle Initial) FRIENDS OF GAYLE HARRELL Mailing Address 1885 N.W. Eagle Point City State Zip Code Stuart FL 34994 Purpose of Disbursement Political Contribution Candidate Name GAYLE HARRELL Office Sought: X House Senate Primary X General Other (specify) President State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement For: 2008 Senate Primary X General Other (specify) Transaction ID: SB23.8294 Date of Disbursement Mailing Address PO BOX 9639 Amount of Each Disbursement Transaction ID: SB23.8294 Date of Disbursement Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE					Primary	Senate President		
Mailing Address 1885 N.W. Eagle Point City State Zip Code Stuart FL 34994 Purpose of Disbursement Political Contribution Candidate Name GAYLE HARRELL Office Sought: X House Primary X General President President State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Mailing Address 1885 N.W. Eagle Point Amount of Each Disbursement to 250 Category/ Type Transaction ID: SB23.8294 Date of Disbursement to 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9					First, Middle Initial)	Full Name (Last, F	
Stuart Purpose of Disbursement Political Contribution Candidate Name GAYLE HARRELL Office Sought: X House Senate Primary X General President Other (specify) ▼ Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Tatesaction ID: SB23.8294 Date of Disbursement to State Zip Code KY 42102 Amount of Each Disbursement to South State	0 0 8				le Point			
Political Contribution Candidate Name GAYLE HARRELL Office Sought: X House Senate Primary X General Other (specify) ▼ State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Category/ Type Transaction ID: SB23.8294 Date of Disbursement M M / D D D D / Y Y Y O D D D D D D D D D D D D D D D D	t this Period	Amount of Each Disbursement th						
GAYLE HARRELL Office Sought: X House Senate Primary X General Other (specify) ▼ State: FL District: 16 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Transaction ID: SB23.8294 Date of Disbursement to State Zip Code Category/ Type	500.00	2500				ition	Political Contribution	
Senate								
GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City State Zip Code KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Date of Disbursement V 2 0 Amount of Each Disbursement to 5000 Category/ Type				X General	Primary	Senate President		
City State Zip Code BOWLING GREEN KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE State Zip Code KY 42102 Amount of Each Disbursement to Category/ Type		Date of Disbursement						
BOWLING GREEN KY 42102 Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE KY 42102 5000 Category/ Type	0 0 8	08 25 20				PO BOX 9639	Mailing Address	
Political Contribution Candidate Name STEVEN BRETT GUTHRIE Category/ Type		Amount of Each Disbursement th				REEN		
STEVEN BRETT GUTHRIE Type	00.00	5000				ition	Political Contribution	
Senate Primary X General President Other (specify) ▼				X General	·	Senate President	Office Sought:	
State: KY District: 02	00.00	12500			(ontional)			_
SUBTOTAL of Disbursements This Page (optional)		12300	<u></u>		e (optional)	bursements This Page	SUBICIAL OF DISDU	<u> </u>

В.

President

District: 02

.90// 20002100011			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 14 / 14
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 2 27 28a 2	3 24 25 26 8b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIO	··		
Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS Mailing Address 1487 PARKWAY DRIVE		Transaction Date of Disk	DID: SB23.8288 bursement
City BLACKFOOT	State Zip Code ID 83221	Amount of E	Each Disbursement this Period
Purpose of Disbursement Political Contribution			1000.00
Candidate Name MICHAEL K SIMPSON	•	ategory/ Type	
Office Sought: X House Disburse Senate President State: ID District: 02	ement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS CON	1MITTEE	Transaction Date of Disk	
Mailing Address P.O. Box 1500		0 8	06 7 2008
City Chico	State Zip Code CA 95927	Amount of E	Each Disbursement this Period
Purpose of Disbursement Political Contribution			2500.00
Candidate Name WALLY HERGER		ategory/ Type	
Office Sought: X House Disburse Senate	ement For: 2008 Primary X General		

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	16000.00

Other (specify)

State: CA